American Airlines Medical Substantiation Requirement Form - Section B

This section to be completed by employee:

Employee's Statement (Please Print)

Name Michelle Washington Employee # 691602

Exact Job Type ~~Reserv~~ Rep. Manager Ernest Lyons

Dates of Absence 5.21.09

I hereby authorize my physicians or the person who has attended, examined, or treated me, or any clinic, hospital, institution, company, or Federal, State, or municipal agency, office or bureau which may have information concerning my medical condition as defined below, to release to the Medical Director of American Airlines or his medical representative any available information or records concerning my present medical condition in their knowledge or possession.

Employee's Signature 6.24.10 *Date*

This Section must be completed ONLY by the Treating Health Care Provider

1) Specific medical diagnosis and/or procedure with ICD 9 code or DSM code Brain hemorrhage/HTN/weakness/ Depression 430/437.0/ 401.1/780.79/ 311.

2) Initial dates of Treatment for this condition 5/21/09 Is this a Workers' Comp Claim? Yes___ No ✓

2a) If this is a Workers' Comp claim, did the injury occur at AA? Yes___ If no, please provide other employer's name ___

3) Date of last appointment 06/10/10 4) Date of next Doctor's appointment 07/-/2010.

5) Current Treatment including Medications Atenolol, Citalopram, Neurontin

6) RECENT Pertinent Laboratory, objective Medical testing and diagnostic results(DATE, TEST, RESULT) ___

7) Therapy (Advise frequency for PT, OT and Mental Health Therapy) ___No ✓Yes Start Date 7/23/09 Frequency monthly and prn (as needed)

8) Rate Patient compliance with all treatment: (GOOD) FAIR POOR OTHER ___

9).Current activity / ADL restrictions: (Check all that apply)

Are restrictions temporary ___ or permanent ___ Reached MMI ___Yes ___No

POSTURE RESTRICTIONS (if any):

Max Hours per day:	≤1	≤2	≤4	≤6	≤8	Never
Standing						
Sitting						
Kneeling/Squatting						
Bending/Stooping						
Pushing/Pulling						
Twisting						
Other: ___						

MOTION RESTRICTIONS (if any):

Max Hours per Day	≤1	≤2	≤4	≤6	≤8	Never
Walking						
Climb stairs/ladders						
Grasp/Squeeze						
Wrist flex/extension						
Reaching						
Overhead Reaching						
Keyboarding						
Other: ___						

MISC RESTRICTIONS (if any:)

- ☐ Sit/Stretch breaks of ___ per ___
- ☐ No work/ ☐ ___ hours/day work:
- ☐ at altitude up to 8,000 ft
- ☐ at heights or on scaffoldin

MEDICATION RESTRICTIONS (if any):

- ☐ Must take prescription medication(s)
- ☐ Advised to take over-the-counter meds
- ☐ Medication may make drowsy (possible safety/driving issues)

RESTRICTIONS SPECIFIC TO (if applicable):

- ☐ L Hand/Wrist ☐ R Hand/Wrist
- ☐ L Arm ☐ R Arm ☐ Neck
- ☐ L Leg ☐ R Leg ☐ Back
- ☐ L Foot/Ankle ☐ R Foot/Ankle
- ☐ Other: ___

LIFT/CARRY RESTRICTIONS (if any):

- ☐ May not lift/carry objects more than ___ lbs for more than ___ hours per day
- ☐ May not perform any lifting/carrying
- ☐ Other: ___

OTHER RESTRICTIONS (if any): (eg. Mood or Affect)

No activity at all

10) Do you expect employee to return to work in his/her previous position? Yes___ (No)___ → 1) Advise to apply disability!

11) Expected return to work date ___ Have you reviewed Patient job description? Yes___ No ___

(Have you included? - office progress notes, Lab reports, diagnostic reports, Plan of Treatment, other:) 2) evaluation on disability yearly and recommend it to be assessed also by the specialist, neurologist.

Treating Physician/Health Care Provider (print name) Joy T. Chung

Specialty/Type of Practice: Int Medicine

Physician/Health Care Provider Phone Number: 817-314-0240 Fax: 817-417-5608

By signing this form, you are certifying you are the treating provider for this condition.

Physician/Health Care Provider Signature ___ Date 10/21/10

Health Care Provider: Please Fax Forms A & B to AA Medical at (817) 931-7540

ENERAL MOTORS CORPORATION
M TRUCK GROUP

DEPOSIT NO.	PAY ENDING DATE	SOCIAL SECURITY NO.	PLANT	DEPT.	CLOCK	SHIFT	RATE	COLA
0000465	09/21/2003	[illegible]670	000	25	18261	1	24.160	2.05

STATEMENT OF EARNINGS and DEDUCTIONS

DETACH AND RETAIN THIS RECORD

CURRENT PAY	HOURS	AMOUNT
STRAIGHT TIME	53.10	1391.76
OVERTIME PREM	6.55	171.68
PSP PRE-TAX		-15.63
GROSS PAY		1547.81
YEAR TO DATE	1821.40	50852.62
C/W INS II		16.57
YTD INS II		53.01
PSP PRE-TX YTD		503.49
VACA ENT BAL	53.00	
VAC/WKS = 35		

DEDUCTIONS	AMOUNT	YEAR-TO-DATE	REMAI BALA
FICA TAX SS	97.96	3184.08	
FICA TAX HI	22.91	744.67	
FEDERAL TAX	179.16	4915.85	
PSP LOAN	23.69	923.91	
PSP LOAN	28.68	1118.52	
PSP LOAN	26.70	1041.30	
TOTAL DEDUCTS	379.10		
NETPAY	1168.71		

This pay includes a cost-of-living allowance based upon existing corporation policy, added to base rate and included in night shift, overtime, and other premium payments.

The hours will be used in the calculation of credited service at year end.

ICA ON TXBL BENEFITS INCLUDED IN FICA DEDUCT $1.27

GM

GENERAL MOTORS CORPORATION
GM TRUCK GROUP
ARLINGTON, TX 76010-1390

Deposit Date: 09/26/2003

Deposit Amount: *****1,168.71

DEPOSIT BANK: 311977026

BANK ACCOUNT NO: 0017313299

EMPLOYEE NAME: MICHELLE R. WASHINGTON

IN ACCORDANCE WITH YOUR INSTRUCTIONS A DEPOSIT HAS BEEN MADE ON THE DATE INDICATED TO THE BANK ACCOUNT DESIGNATED BY Y
IN THE AMOUNT OF NET PAY REFLECTED ON THE ATTACHED STATEMENT OF EARNINGS AND DEDUCTIONS. NOTIFY YOUR PAYROLL DEPARTME
IMMEDIATELY IN THE EVENT OF A CHANGE IN BANK ACCOUNT NUMBER.

GM

PAYER'S name, street address, city, state, ZIP code, and telephone no.

GENERAL MOTORS CORPORATION
c/o EQUISERVE TRUST COMPANY, N.A.
P.O. BOX 43009
PROVIDENCE, RI 02940-3009
800-331-9922

☐ CORRECTED (if checked)

1a Total ordinary dividends $ 24.00	1b Qu $
2a Total capital gain distr. $ 0.00	2b Unr $
2c Section 1202 gain $ 0.00	2d Col $
3 Nontaxable distributions $ 0.00	4 Fede $
5 Investment expenses $ 0.00	6 Forei $
7 Foreign country or U.S. possession	8 Cash $
9 Noncash liquidation distributions $ 0.00	PAYEF
RECIPIENT'S identification number 1670	Accou 40(

Form 1099-DIV (keep for your

H017 267 DM.1-5.10Z.IC0.MDT 80282 80282 1 1..--------
HV400005.J41435.0001.80282 400010000043271303 CHKDIV99 XMIT 023

RECIPIENT'S name, street address, city, state, and ZIP code

MICHELLE R WASHINGTON
PO BOX 6603
ARLINGTON, TX 76005-6603

GENERAL MOTORS CORPORATION

Issue	Issue ID	Record Date	Payable Date	Record Date Shares	Dividend Rate	G Al
COMMON	400010	02/13/2004	03/10/2004	12.0000	$0.50000	$(
COMMON	400010	05/14/2004	06/10/2004	12.0000	$0.50000	$(
COMMON	400010	08/13/2004	09/10/2004	12.0000	$0.50000	$(
COMMON	400010	11/08/2004	12/10/2004	12.0000	$0.50000	$(
				Year-To-Date Paid		$2

Current Dividend Check Number: 600341283

IMPORTANT TAX RETURN DOCUMENT ATTA

GM

ENERAL MOTORS CORPORATION
M TRUCK GROUP

DRAFT NO.	PAY ENDING DATE	SOCIAL SECURITY NO.	PLANT	DEPT.	CLOCK
1465548	08/14/2005	***-**-4670	000	25	18261

STATEMENT OF EARNINGS and DEDUCTIONS

DETACH AND RETAIN THIS RECORD

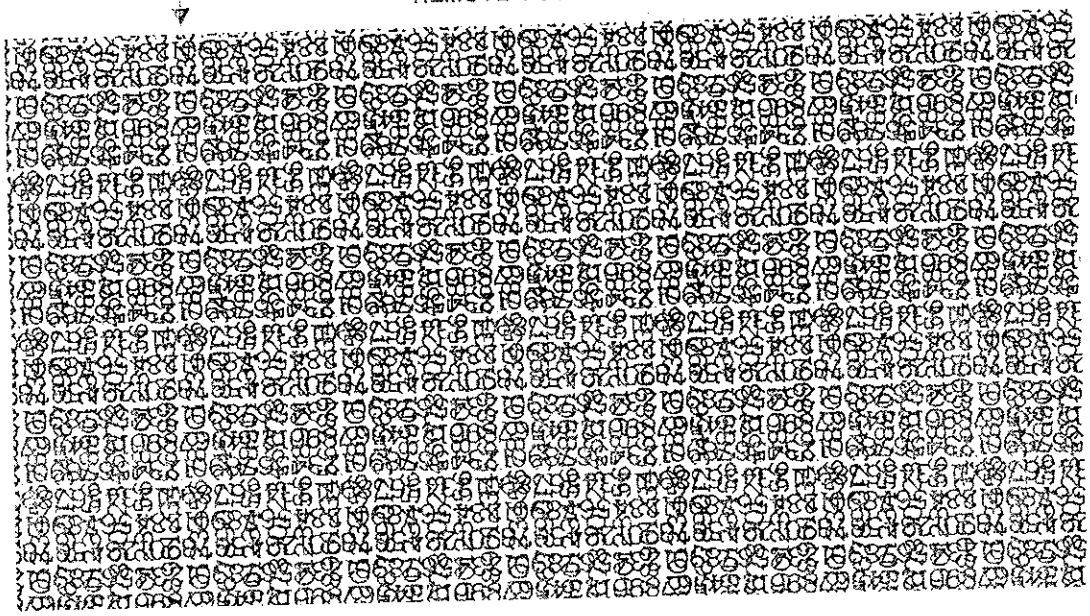
CURRENT PAY	HOURS	AMOUNT
STRAIGHT TIME	41.70	1132.15
OVERTIME PREM	.85	23.08
PSP PRE-TAX		-11.55
GROSS PAY		1143.68
YEAR TO DATE	1128.70	30396.50
YTD INS II		6.65
PSP PRE-TX YTD		504.99
VACA ENT BAL	45.50	
VAC/WKS = 25		

DEDUCTIONS	AMOU
FICA TAX SS	71
FICA TAX HI	1
FEDERAL TAX	7
DEP LIFE CURR	
DEP LIFE ADJ	-
OPT LIFE CURR	1
PSP LOAN	2
PSP LOAN	2
PSP LOAN	2
PSP LOAN	7
TOTAL DEDUCTS	32
NETPAY	81

This pay includes a cost-of-living allowance based upon existing corporation policy, added to base rate and included in night shift, overtime, and other premium payments.

The hours will be used in the calculation of credited service at year end.

REMOVE DOCUMENT ALONG THIS PERFORATION



CO. GMA | FILE 043437 | DEPT. 018008 | CLOCK NUMBER 0000246048 | 237 1

Earnings Statement

Explanation of Benefits

Period Ending: 11/27/2005
Pay Date: 12/02/2005

GM BENEFITS & SERVICES CENTER
P.O. BOX 5157
SOUTHFIELD, MI 48086-5157

MICHELLE R WASHINGTON
PO BOX 6603
ARLINGTON TX 76005

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 9
TX: No State Income Tax

Earnings	rate	hours	this period	year to date
Std Taxable			625.00	6,625.00
Gross Pay			$625.00	6,625.00

Deductions	Statutory		
Federal Income Tax		-2.02	20.20
Social Security Tax		-38.75	410.75
Medicare Tax		-9.06	96.06
Net Pay		$575.17	

Your federal taxable wages this period are $625.00

GROSS BENEFIT	625.00

OFFSETS	This Period
Social Security	.00
Estimated Social Security	.00
Workers Compensation	.00
Pension	.00
Estimated Pension	.00
VDI/SDI	.00
STD/Salary Continuation	.00
Leave	.00
Overpayment	.00
Holiday Pay	.00
Other	.00
Net Gross	625.00

Date Of Disability	09/12/2005
From Date	11/21/2005
Through Date	11/27/2005
Estimated RTW	10/10/2005
Claim Number	A518129870000101 000

fERE

a Control number		Void ☐	For Official Use Only ▷ OMB No. 1545-0008	
b Employer's identification number 38-0572515			1 Wages, tips, other compensation 46972.93	2 Federal income tax withheld 5057.86
c Employer's name, address, and ZIP code GENERAL MOTORS CORPORATION GM TRUCK GROUP 2525 EAST ABRAM STREET ARLINGTON TX 76010			3 Social security wages 47321.00	4 Social security tax withheld 2933.87
			5 Medicare wages and tips 47321.00	6 Medicare tax withheld 680.45
			7 Social security tips	8 Allocated tips
d Employee's social security number 442-66-4670			9 Advance EIC payment	10 Dependent care benefits
e Employee's name 18008 25 18261 1 10019625 H [illegible] R WASHINGTON PO BOX 6603 ARLINGTON TX 76005			11 Nonqualified plans	12a See instrs. for Box 12 C 12.21
			13 Statutory ☐ Retirement ☐ Third-party sick pay ☐	12b D 348.07
			14 Other UNION 492.63 UNC FICA OF 5.68 FOR GL LS	12c
				12d
f Employee's address and ZIP code				
15 State Employer's state ID No.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

COPY D FOR EMPLOYER

EMPLOYER'S LOCAL I.D. NO.

Form W-2 Wage and Tax Statement 2001

Department of the Treasury-Internal Revenue Service
For Paperwork Reduction Act Notice, see separate instructions

Department of the Treasury - Internal Revenue Service

Form 1040 U.S. Individual Income Tax Return 2006

(99) IRS Use Only-Do not write or staple in this space.

OMB No. 1545-0074

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning , 2006, ending , 20

Label (See instructions on page 16.) LABEL HERE

Your first name and initial: Michelle R
Last name: Washington
Your social security number: [illegible]-4670
If a joint return, spouse's first name and initial
Last name
Spouse's social security number
Home address (number and street). If you have a P.O. box, see page 16. Apt. no.
627 Campolina Dr
You must enter your SSN(s) above.
City, town or post office, state, and ZIP code. If you have a foreign address, see page 18.
Grand Prairie TX 75052
Checking a box below will not change your tax or refund.

Presidential Election Campaign ▶ Check here if you, or your spouse if filing jointly, want $3 to go to this fund (see page 16) ▶ ☐ You ☐ Spouse

Filing Status Check only one box.

1 ☐ Single
2 ☐ Married filing jointly (even if only one had income)
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. ▶
4 ☒ Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.
5 ☐ Qualifying widow(er) with dependent child (see page 17)

Exemptions

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a — Boxes checked on 6a and 6b: 1
b ☐ **Spouse** — No. of children on 6c who:
c **Dependents:** (If more than four dependents, see page 19.)

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) Check if qualifying child for child tax credit (see pg19)	
Shekia Washington	[illegible]-5467	Daughter	☒	● lived with you: 1
			☐	● did not live with you due to divorce or separation (see page 20):
			☐	Dependents on 6c not entered above:
			☐	Add numbers on lines above ▶: 2

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 23.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7	Wages, salaries, tips, etc. Attach Form(s) W-2		7	154,438
8a	**Taxable** interest. Attach Schedule B if required		8a	
b	**Tax-exempt** interest. **Do not** include on line 8a	8b		
9a	Ordinary dividends. Attach Schedule B if required		9a	
b	Qualified dividends (see page 23)	9b		
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 24)		10	
11	Alimony received		11	
12	Business income or (loss). Attach Schedule C or C-EZ		12	(16,664)
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ ☐		13	
14	Other gains or (losses). Attach Form 4797		14	
15a	IRA distributions — 15a	b Taxable amount (see page 25)	15b	
16a	Pensions and annuities — 16a: 49,754	b Taxable amount (see page 26)	16b	43,619
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E		17	
18	Farm income or (loss). Attach Schedule F		18	
19	Unemployment compensation		19	
20a	Social security benefits — 20a	b Taxable amount (see page 27)	20b	
21	Other income.		21	
22	Add the amounts in the far right column for lines 7 through 21. This is your **total income** ▶		22	181,393

Adjusted Gross Income

23	Archer MSA deduction. Attach Form 8853	23		
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24		
25	Health savings account deduction. Attach Form 8889	25		
26	Moving expenses. Attach Form 3903	26		
27	One-half of self-employment tax. Attach Schedule SE	27		
28	Self-employed SEP, SIMPLE, and qualified plans	28		
29	Self-employed health insurance deduction (see page 29)	29		
30	Penalty on early withdrawal of savings	30		
31a	Alimony paid b Recipient's SSN ▶	31a		
32	IRA deduction (see page 31)	32		
33	Student loan interest deduction (see page 33)	33		
34	Jury duty pay you gave to your employer	34		
35	Domestic production activities deduction. Attach Form 8903	35		
36	Add lines 23 through 31a and 32 through 35		36	
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶		37	181,393

Form 1040 (2006) Michelle R Washington -4670 Page 2

	38	Amount from line 37 (adjusted gross income)		38	181,393
Tax and Credits	39a	Check if: ☐ You were born before January 2, 1942, ☐ Blind. ☐ Spouse was born before January 2, 1942, ☐ Blind. } Total boxes checked ▶39a			
	b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 34 & check here ▶39b ☐			
Standard Deduction for— ● People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 34. ● All others: Single or Married filing separately, $5,150 Married filing jointly or Qualifying widow(er), $10,300 Head of household, $7,550	40	**Itemized deductions** (from Schedule A) **or your standard deduction** (see left margin)		40	28,819
	41	Subtract line 40 from line 38		41	152,574
	42	If line 38 is over $112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 36. Otherwise, multiply $3,300 by the total number of exemptions claimed on line 6d		42	6,600
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	145,974
	44	**Tax** (see page 36). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972		44	33,050
	45	**Alternative minimum tax** (see page 39). Attach Form 6251		45	1,390
	46	Add lines 44 and 45 ▶		46	34,440
	47	Foreign tax credit. Attach Form 1116 if required	47		
	48	Credit for child and dependent care expenses. Attach Form 2441	48		
	49	Credit for the elderly or the disabled. Attach Schedule R	49		
	50	Education credits. Attach Form 8863	50		
	51	Retirement savings contributions credit. Attach Form 8880	51		
	52	Residential energy credits. Attach Form 5695	52		
	53	Child tax credit (see page 42). Attach Form 8901 if required	53		
	54	Credits from: a ☐ Form 8396 b ☐ Form 8839 c ☐ Form 8859	54		
	55	Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form	55		
	56	Add lines 47 through 55. These are your **total credits**		56	
	57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0- ▶		57	34,440
Other Taxes	58	Self-employment tax. Attach Schedule SE		58	
	59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137		59	
	60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required NO		60	4,624
	61	Advance earned income credit payments from Form(s) W-2, box 9		61	
	62	Household employment taxes. Attach Schedule H		62	
	63	Add lines 57 through 62. This is your **total tax** ▶		63	39,064
Payments If you have a qualifying child, attach Schedule EIC.	64	Federal income tax withheld from Forms W-2 and 1099	64 39,668		FORM 1099
	65	2006 estimated tax payments and amount applied from 2005 return	65		
	66a	**Earned income credit (EIC)**	66a		
	b	Nontaxable combat pay election ▶ 66b			
	67	Excess social security and tier 1 RRTA tax withheld (see page 60)	67 434		
	68	Additional child tax credit. Attach Form 8812	68		
	69	Amount paid with request for extension to file (see page 60)	69		
	70	Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885	70		
	71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71 40		
	72	Add lines 64, 65, 66a, and 67 through 71. These are your **total payments** ▶		72	40,142
Refund Direct deposit? See page 61 and fill in 74b, 74c, and 74d, or Form 8888.	73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you **overpaid** ▶		73	1,078
	74a	Amount of line 73 you want **refunded to you.** If Form 8888 is attached, check here ▶ ☐		74a	1,078
	b	Routing number X X X X X X X X X ▶c Type: ☐ Checking ☐ Savings			
	d	Account number X X X X X X X X X X X X X X X X			
	75	Amount of line 73 you want **applied to your 2007 estimated tax** ▶	75		
Amount You Owe	76	**Amount you owe.** Subtract line 72 from line 63. For details on how to pay, see page 62 ▶		76	
	77	Estimated tax penalty (see page 62)	77		

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see page 63)? ☐ Yes. Complete the following. ☒ No

Designee's name ▶ Phone no. ▶ Personal identification number (PIN) ▶

Sign Here Joint return? See page 17. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
	6/20/08	Real Estate	-4501
Spouse's signature. If a joint return, **both** must sign.	Date	Spouse's occupation	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ☐	Preparer's SSN or PTIN
	06-30-2008		

Firm's name (or yours if self-employed), address, and ZIP code: TALKING TAXES AND MORE, 6800 MANHATTAN BLVD SUITE 102, Fort Worth TX 76120

EIN 75-2911809

Phone no. 817-492-8255

EEA

Form 1040 (2006)

1099 Detail Listing

2006

Name(s) as shown on return

Michelle R Washington

Social Security No.

[redacted]-4670

T/S	Payer Name	Gross	FEDERAL Taxable	Distribution Code	Federal W/H	State Code	STATE Taxable	State W/H
T	Fidelity Invest	42,054	42,012	1	4,113	TX		
T	AllState Life I	7,700	1,607	1				
T	PFS Investments	1,309	1,309	1		TX		
T	PFS Investments	658	658	1				
T	PFS Investments	658	658	1				
	Totals	52,379	46,244		4,113			

W-2 Detail Listing

2006

Name(s) as shown on return: Michelle R Washington

Social Security No.: -4670

T/S	Employer Name	FEDERAL Gross	FEDERAL W/H	State Code	STATE Gross	STATE W/H
T	GENERAL MOTORS	141,322	35,307		141,322	
T	SCMS ADMINISTRATIVE SERVICES	8,875	3		8,875	
T	AMERICAN AIRLINES INC	4,241	245		4,241	
	Totals	154,438	35,555		154,438	

HEARING DATE AND TIME: October 21, 2010 at 9:45 a.m. (Eastern Time)
OBJECTION DEADLINE: October 14, 2010 at 4:00 p.m. (Eastern Time)

UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

In re	**Chapter 11 Case No.**
MOTORS LIQUIDATION COMPANY, *et al.*, f/k/a General Motors Corp., *et al.*	**09-50026 (REG)**
Debtors.	**(Jointly Administered)**

NOTICE OF HEARING TO CONSIDER APPROVAL OF DEBTORS' PROPOSED DISCLOSURE STATEMENT WITH RESPECT TO DEBTORS' JOINT CHAPTER 11 PLAN

TO: ALL HOLDERS OF CLAIMS AGAINST AND INTERESTS IN THE DEBTORS SET FORTH BELOW:

Name of Debtor	Case Number	Tax Identification Number	Other Names Used by Debtors in the Past 8 Years
Motors Liquidation Company (f/k/a **General Motors Corporation**)	09-50026	38-0572515	General Motors Corporation GMC Truck Division NAO Fleet Operations GM Corporation GM Corporation-GM Auction Department National Car Rental National Car Sales Automotive Market Research
MLCS, LLC (f/k/a **Saturn, LLC**)	09-50027	38-2577506	Saturn, LLC Saturn Corporation Saturn Motor Car Corporation GM Saturn Corporation Saturn Corporation of Delaware
MLCS Distribution Corporation (f/k/a **Saturn Distribution Corporation**)	09-50028	38-2755764	Saturn Distribution Corporation
MLC of Harlem, Inc. (f/k/a **Chevrolet-Saturn of Harlem, Inc.**)	09-13558	20-1426707	Chevrolet-Saturn of Harlem, Inc.
Remediation and Liability Management Company, Inc.	09-50029	38-2529430	Uptown Land Development Corporation
Environmental Corporate Remediation Company, Inc.	09-50030	41-1650789	GM National Hawaii, Inc. NCRS Hawaii, Inc.